

**ATLANTA POLICE DEPARTMENT
APPLICATION FOR TEMPORARY STREET(S) / LANE CLOSINGS**

NAME OF APPLICANT: _____ TELEPHONE #: _____
ADDRESS OF THE APPLICANT (Please Include City/ Zip Code): _____

NAME OF ORGANIZATION: _____ TELEPHONE #: _____
DATE(S) OF STREET CLOSING: _____ TIME(S) OF CLOSING: _____
SPECIFIC PURPOSE: _____
ACCURATELY LIST THE STREET / LANE TO BE CLOSED: _____
BETWEEN _____ & _____
ALTERNATE STREET WHICH CAN BE USED WHILE EVENT IS TAKING PLACE: _____

HAVE ALL RESIDENTS AND/OR BUSINESSES ON THE REQUESTED STREET BEEN NOTIFIED?
YES[☐] NO[☐]

NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE COMPLIANCE WITH THE PROVISIONS THAT ARE LISTED BELOW, ALONG WITH ALL CITY, STATE & FEDERAL LAWS.
[A] THE PARTICIPANTS WILL ABIDE BY AND ABEY **ALL** LAWS, RULES AND REGULATIONS.

[B] THE APPLICANT MUST NOTIFY ALL RESIDENTS AND OR BUSINESSES AFFECTED BY THIS CLOSURE.

[C] THE APPLICANT MUST HIRE POLICE OFFICERS TO CONTROL TRAFFIC AND ENSURE THAT PEACE AND ORDER IS PRESERVED.

[D] THE APPLICANT WILL ASSUME ANY AND ALL LIABILITIES THAT MAY ARISE BY SUCH CLOSURES.

[E] THE APPLICANT MUST PROVIDE AN ADEQUATE SUPPLY OF BARRICADES, CONES AND WARNING SIGNS TO INDICATE THAT SUCH STREET OR LANE IS TEMPORARILY CLOSED.

[F] YOUR APPLICATION MUST BE RECEIVED BY THE ATLANTA POLICE DEPARTMENT AT LEAST **TEN** DAYS PRIOR TO THE DATE OF THE REQUESTED CLOSURE.

[G] EMERGENCY VEHICLES MUST HAVE ACCESS, WITHOUT DELAY!

SIGNATURE OF APPLICANT: _____ DATE: _____

THIS SPACE IS FOR OFFICIAL USE

SUPERVISOR'S COMMENT: _____

CAN THE ALTERNATE STREET HANDLE THE ADDITIONAL VOLUME OF TRAFFIC? YES[☐] NO[☐]

ZONE(S) THE CLOSURE TAKES PLACE IN: _____

APPLICATION NUMBER: _____ TO BE POLICED BY: [☐] ON DUTY [☐] OFF DUTY OFFICERS

APPROVED [☐] DISAPPROVED [☐]

COMMENTS: _____

S.O.S. COMMANDER